Utility Infrastructure Provider (UIP) Quotation FORM FM138

Cadent
Your Gas Network

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Date of Request: UIP Reference:

Previous Cadent Reference:

UIP Name:
Contact Name:
UIP Address:

Postcode:
UIP Telephone Number:
UIP Email Address:

GIRS REGISTRATION SCOPE
PLEASE CONFIRM COMPANY NAME RESPONSIBLE FOR THE FOLLOWING COMPONENTS OF THE PROJECT

Design:

Construction/ Commissioning:

Project Management:

Final Connection:

MOBS   **CMOBS / DMOBS**

Do You require Cadent Gas to undertake the final connection?   **Yes/ No** *(Delete as Required)*

A) UIP Proposed Site Details

Proposed Site Name:
Site Contact:
Site Address:

Postcode:

Requested Connection Point   Eastings: Northings:

Type Of Works: **New Supply/ Disconnection/ Alteration** *(Delete as Required)*

> **SERVICE ALTERATIONS: Where a service alteration results in work being carried out on the existing connection (to the supplying main), the service should be renewed in accordance with the requirements of CAD/SP/NP/14E.**

Type of Development:

Do you require works to be completed outside normal working hours?

PLEASE ENSURE A SUITABLE SITE PLAN, INDICATING THE EXACT LOCATION OF THE WORKS IS PROVIDED WITH YOURAPPLICATION.
FOR MULTIPLE DEVELOPMENTS PLEASE PROVIDE INFORMATION ON THE NUMBER OF CONNECTIONS REQUIRED.

PLEASE REVIEW THE DATA PROVIDED PRIOR TO SUBMISSION, DATA WHICH IS MISSING COULD LEAD TO A DELAY IN COMPLETING YOUR REQUEST. PLEASE SUBMIT THIS FOR TO BOX.IGT-UIPAPPLICATIONS@CADENTGAS.COM

Utility Infrastructure Provider (UIP) ENQUIRY FORM FM138

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B) Proposed Load Details

Max Instantaneous Rate (SHQ):
Max Annual Consumption (AQ):
Predicted Mains Pressure Drop (Mbar):
Predicted Service Pressure Drop (Mbar):
Does the proposed load follow a normal space heating pattern: EUC (*if known*):

C) Connection And/or Service Disconnection Details

Will the Design contain a Mains Element: **Yes/ No**
Connection Type:
Mains Detail (if applicable): (Length & Diameter material)
Service Detail: (Length/ Diameter/ material /Termination Point/ Meter housing)
(Individual Service Details to be supplied in Section G)
Number of Services:
Easement Required: **Yes/ No/ Consent**

Existing Infrastructure

| Parent Main: | Diameter: | | Material: | | Pressure Tier: | |
| Service: | Diameter: | | Material: | | Pressure Tier: | |

The Below Information is for Alterations & Disconnections

MPRN: Meter Serial No (if known):

Alteration/ Disconnection Point: Eastings: Northings:
Existing Load Details SHQ:

Note: When designed using standard tables in CAD/SP/NP/14E, only load(s), length, pipe size(s), connection size and plan showing proposed route and connection point are required for design submission purposes.

D) Service Alterations or connections on behalf of Owner/ Occupier (refer to existing document)

Connection on behalf of owner/ occupier only:

Requestor Name

Company/Address/ Postcode

Email:

E) Industrial/ Commercial Premises Only

Type of Load   **Modulating/ Constant/ Process/ On-Off/ CHP/ Power generation/ CNG**
Will A Compressor be fitted: **Yes/No If Yes, please complete Section H**

For individual loads > 2,196,000 kWh please state if Cadent Gas is to take ownership of the system   **Yes/No**

*Is The Pressure at The Inlet to Supply Meter Installation Required To Be >20.7Mbarg: If Yes, Specify:
*Do You Require Additional conditions or Site Rules & Regulations (applicable to this request only)   **Yes/No**
*If Yes, Specify:

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*Note: Additional Costs may be incurred

F) Domestic Premises Only

Property Ownership:

Specify Any Non-Domestic Premises

Details of Exceptional Loads (e.g. swimming pools)

Private/ Local Authority/ Housing Association/ Mixed

G) Please Complete the Remainder of the Form for Both Domestic & Industrial/ commercial Properties

	Properties to be Connected & Gas Usage						Total
Consumer Type**							
No. Of Premises/ Unit No's							
Estimated Annual Consumption (kWh)							
Peak Instantaneous Demand (kWh)							

** Domestic/ Industrial/Commercial/Power Generation/Data Centre

Is The Development or The Load Growth Phased?   **Yes/No**

If Yes, Please Provide Details (Including Number of Proposed Connections & their associated load Per Year):

First Gas Date:

Additional Information:

H) Non-Typical gas usage (if applicable)

Table C.1 – For non-typical gas usage identification

To identify the proposed profile of gas use, it is necessary to understand the time(s) of day and year at which the gas demand is required and if the demand varies from this level at the other key times/conditions of the day and year.			
Please Complete the Following Boxes as is appropriate For The Demand.			
Period	Please Indicate with a tick the times of the day and year when demand usage may occur		
	0600-1000	**1000-1600**	**1600-2000**	**2000-0600**
Beginning October- End March (*Winter*)				
Beginning June- End August (*Summer*)				
Other Periods of The Year				

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Table C.2: Where a compressor or booster is identified as being installed.

Peak Instantaneous Demand to be compressed and the pressure required:	*kW/m³/hr*		*mbar/bar*	
Compressor Types (Reciprocating/Fan/Screw/Booster/Other)				
Number of Compressors/Boosters and the Peak Instantaneous Demand to each excluding standby:	*No:*		*Plant 1 (kW/m³/hr)*	
			Plant 2 (kW/m³/hr)	
			Plant 3 (kW/m³/hr)	
Time taken to achieve full load from start up. (*Time Taken (seconds)*)				
Profile provided for non-linear start up profile				
Number of burners to be installed?				
Will burners be operated in parallel?				
Typical burner stages	*Start-Up*	*Pilot fire*	*Low fire*	*High Fire*
Flow as % of burner's PID – burner 1				
Minimum time for each stage – burner 1				
Flow as % of burner's PID – burner 2				
Minimum time for each stage – burner 2				
Flow as % of burner's PID – burner 3				
Minimum time for each stage – burner 3				

**Where the customer has identified a non-typical demand, it should be assessed using network analysis and, where appropriate, Cadent's design assessment tool 'Compass' or approved equivalent. The following description refers to the use of Compass, but it is assumed that the same principle will be used where an equivalent and approved tool is used.

Signed:

Print Name:
Job Title: